Youth to Youth

An Evaluation
of
State AODA Funded
Peer Programs
in Wisconsin

2001-02

Wisconsin Department of Public Instruction
Elizabeth Burmaster
State Superintendent

Youth to Youth

An Evaluation of
State AODA Funded Peer Programs in Wisconsin

Executive Summary

Elizabeth Burmaster
State Superintendent
Wisconsin Department of Public Instruction
Madison, Wisconsin

Acknowledgements

Executive Summary

Background

During adolescence, peers emerge as the most significant social network, supplanting former strong ties to parents, teachers, and other adults. As adolescents seek to define their identities, they increasingly turn to and spend time with their peers. Peer-based prevention programs are designed to capitalize on these peer relationships by building on them and utilizing peer influence for positive ends.

Peer-based interventions have a number of advantages. For example, peer programs typically use existing networks of information exchange and dialogue among adolescents. Given their similarity with the target population, peers typically regard these networks as credible sources of information. Peer-based interventions can also facilitate the emergence of peer leaders who can act as positive role models and thereby establish the foundation for desired social norms within and outside of the school environment. Of particular importance to educators, peer educators can also reinforce learning through continued contact with student peers and are very often better able to access hard-to-reach groups of students. A common characteristic of peer-based interventions is that the participants often empowered themselves through the experience of educating others.

In Wisconsin, Alcohol and Other Drug Abuse (AODA) funds are used by school districts to implement the following types of peer involvement programs:

Peer Education. One of the two most common types of programs is peer education. Peer education is defined as the structured programs that emphasize experiential learning among participants, address some aspect of behavior change, and are led by trained peer educators. Peer education interventions use trained adolescent peer educators to facilitate encounters that promote health-related knowledge, attitudes, skills, and behaviors among other adolescents.

Peer Leadership. Many peer-based interventions, including peer education, can include aspects of peer leadership. With this approach, some adolescents take on responsibilities and roles that may include serving as advisors, role models, educators, or mentors for their peers.

Peer Mediation. Another common type of program is peer mediation. Peer mediation programs are based on principles of negotiation, arbitration and mediation and involve peer mediators who are trained in problem solving, conflict resolution, and communication and listening skills. The peer mediators intervene between individual disputants and attempt to facilitate solutions that are acceptable to both parties. "Peer mediation" is sometimes used in conjunction with the term "conflict resolution".

Peer Support. Peer support, which may take place one-on-one or in groups, centers around coping, exploring emotions and feelings, problem-solving, promoting positive outcomes, and building self-esteem and self-efficacy.

Peer Mentoring. Peer mentoring refers to an encouraging and supportive relationship between two people that is often cross-age (the mentor is usually older than the mentored person) and fixed-role (meaning that one individual is always the mentor and the other individual is always the mentored one).

Peer Tutoring. Peer tutoring focuses on the mastery of particular academic subjects. Traditionally, it involves one-on-one relationships between tutor and tutee. New models of peer tutoring place emphasis on benefits that result from the experience of being a tutor; such as, greater confidence in one's abilities or better understanding of the subject area.

Purpose

The purpose of the Wisconsin Peer Program Evaluation Study was to identify the extent to which peer-led programs 1) can prevent or reduce important health-related problems based on previous research, 2) identify key characteristics of such effective peer programs, 3) describe and identify the extent to which these characteristics are present in Wisconsin school-based peer programs that are supported, in part, by Alcohol and Other Drug Abuse funds administered by the Department of Public Instruction, and 4) describe the benefits of such peer programs in Wisconsin Schools.

Literature Review

The review of published peer program evaluations was conducted by the Wisconsin Department of Public Instruction with assistance from the Center for Applied Behavioral Evaluation and Research at the Academy for Educational Development in Washington DC. The review revealed some evidence that peer-led education can be an effective strategy for reducing certain risky health-related behaviors among adolescents. **In particular, the review identified that peer-led interventions can be effective in reducing alcohol, drug, or cigarette use among youth.** While there is less empirical evidence of the benefits of the peer approach for preventing HIV/STDs, pregnancy, and violent behaviors, existing data provide some degree of support for the usefulness of peer educators in increasing positive health-related outcomes. **Peer programs have also been shown to have a positive impact on the peer educators themselves, increasing their knowledge and self-efficacy, as well as influencing health risk behaviors. From the evidence gathered so far it can be concluded that, while they may not be *the* solution to preventing young people's risk-taking behaviors, peer involvement programs can serve a valuable role.**

Unfortunately, there is insufficient evidence regarding exactly how peer educators can be most effective in producing positive outcomes among young people. In addition, because the populations, interventions, roles of peers, and peer training varied substantially among the studies reviewed, definite recommendations cannot be made as to whether future programs should be implemented solely by peers or by both adults and peers, or what pieces of the program would be more appropriately delivered by peers or adults.

Empirical evidence gathered so far about successful peer programs indicate that high quality peer programs should:

- Be based on a solid foundation in social learning and social influence theories that address how learning and behavior change occur on the individual level and within social networks;

- Use interactive, developmentally appropriate teaching methods that emphasize experiential learning rather than the presentation of information only in a didactic manner;

- Utilize class-sizes that are conducive to small-group instruction;

- Use booster sessions to update and reinforce original program content;

- Be provided to more than one class;

- Be well organized and be conducted in an organized manner;

- Be implemented by peers who present the curriculum in an interesting, dynamic manner; and

- Be delivered by a skilled adult or peer leader competent in group process.

When designing and implementing peer involvement programs, the review of literature revealed that guidelines suggested by program planners, theorists and organizations experienced with peer-based interventions should:

- Clearly define the target population, in terms of age, ethnicity/race, gender, sexual orientation, socio-economic status, and life experiences, and select peer educators and peer leaders accordingly.

- Articulate program philosophies, goals, and objectives, and use these priorities to guide program design.

- Determine the roles and responsibilities of peer educators.

- Provide orientation, training and support for peer leaders.

- Ensure program goals are consistent with the setting or location of the program.

- Provide the necessary resources.

- Ensure that the person who coordinates the program understands the value of peer programs and is committed to working with youth.

- Prepare for peer educator and staff turnover.

- Plan for evaluation within the time line and budget.

Study Design

The Wisconsin Department of Public Instruction (DPI) staff with assistance from the Center for Applied Behavioral Evaluation and Research at the Academy for Educational Development designed and developed the Peer Program Survey (see "Youth to Youth" full report). This included adopting the characteristics from the literature review into 22 survey items organized by program design, implementation, and resources.

The Peer Program Survey was mailed by DPI to all Alcohol and Other Drug Abuse (AODA) program coordinators of school districts receiving DPI administered AODA funds in the 2001-02 school year, either in the form of AODA Program Grants or Student AODA Mini-grants. **Results and conclusions in this report are based on the analysis of responses received from the 230 of 245 (94%) school district peer program advisors that received state AODA funds.** Other peer programs exist in Wisconsin that are supported by other local, state and federal funds.

DPI staff also developed the Peer Program Advisor Telephone Interview Questionnaire to secure material for the narrative descriptions of peer programs that appear throughout the text of the full study report. **Without judging program quality or merit**, DPI staff selected narratives of typical peer programs (such as peer education, mediation, tutoring, leadership). During the section process, DPI staff intentionally sought to ensure a broad selection of peer programs based on geographic distribution, level of school, school enrollment, and school district size.

In an effort to secure the opinions of youth involved in peer programs, DPI also developed a Student Voices Questionnaire. To secure student responses, peer group advisors held informal meetings with students and administered the questionnaire in written form or orally as determined by student age group. Student interviews were recorded anonymously and selected student responses to support the Peer Program Survey findings are provided in this report (as well as the full study report) and appear under the title "Youth to Youth: an Evaluation Study of State AODA Funded Programs in Wisconsin." The Department of Public Instruction contracted with the Center on Education and Work at the University of Wisconsin – Madison to collect and analyze survey data and to write these reports.
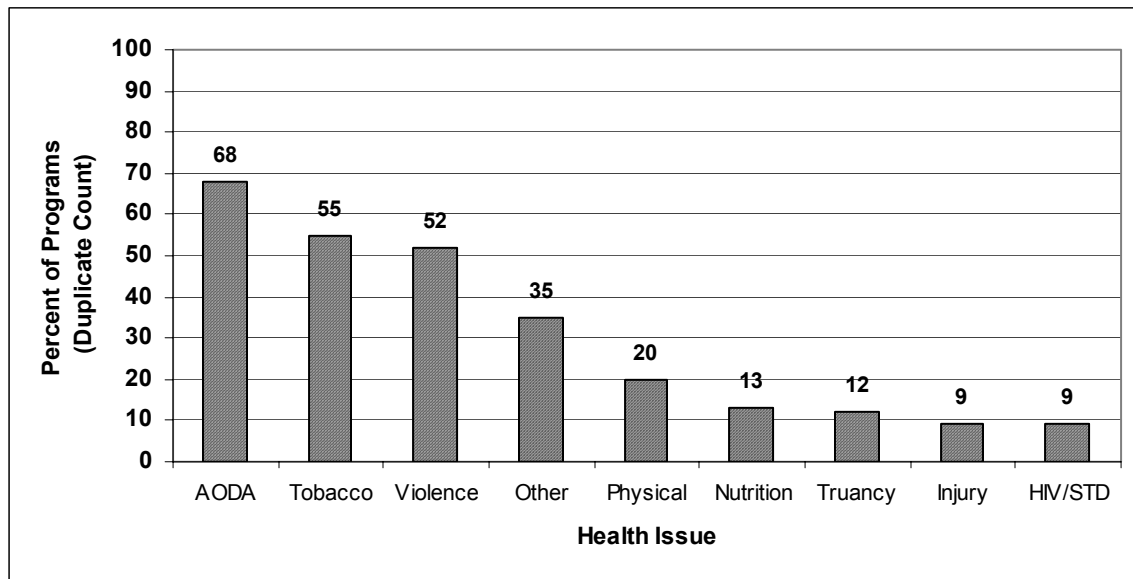
Study Findings

Major study findings regarding Wisconsin's peer-led programs supported in part through state AODA funds are the following:

1. Wisconsin's peer programs address a variety of important health issues. Almost half (45%) of all programs address AODA and tobacco. Almost two-thirds (62%) of peer programs address AODA or tobacco health issues. This is consistent with the purpose of state funding that peer programs must target alcohol, tobacco, and other drug abuse related issues.

2. Peer programs exist widely in all parts of Wisconsin, in all grade levels, and in all district and school sizes.

3. Wisconsin peer programs exist in a variety of forms, most commonly peer education, peer leadership, and peer mediation.

4. Wisconsin peer programs were initiated for a wide variety of reasons, especially to address specific AODA problems or issues.

5. The vast majority of Wisconsin peer programs have most characteristics of effective programs and report multiple perceived benefits and positive results.

The following present a summary of results supporting these major findings:

1#. Wisconsin peer programs address a variety of important health issues. Almost half (45%) of all programs address AODA and tobacco. Almost two-thirds (62%) of peer programs address AODA or tobacco health issues. This is consistent with the purpose of state funding that peer programs must target alcohol, tobacco, and other drug abuse related issues.

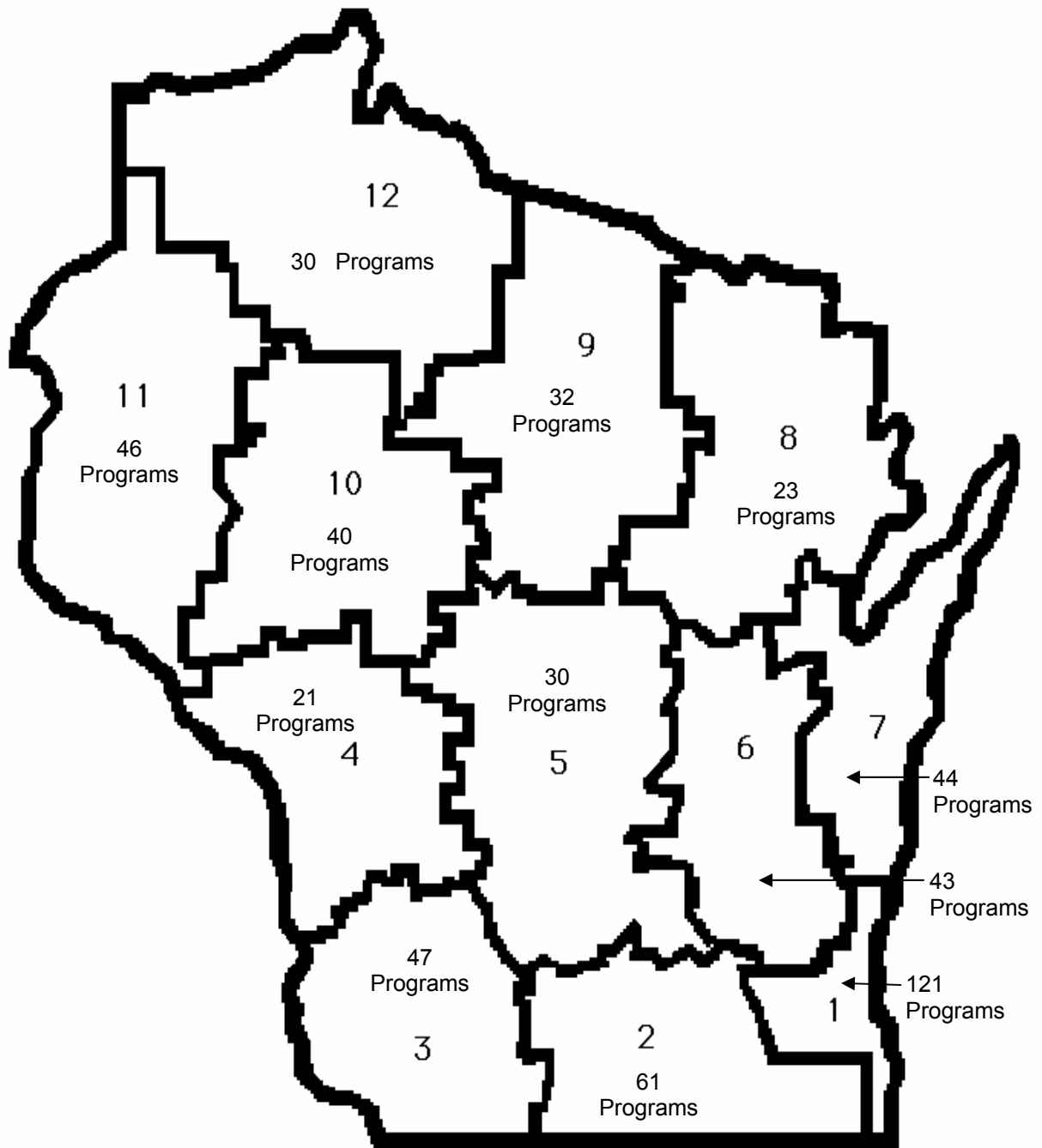Table 1. Health Issues Addressed by Peer Programs (duplicated count).

Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

Study Findings (continued)

#2. Peer programs exist widely in all parts of Wisconsin, in all grade levels, and in all district and school sizes.

Figure 1. Geographic Distribution of Peer Programs by Cooperative Educational Service Agency (CESA).
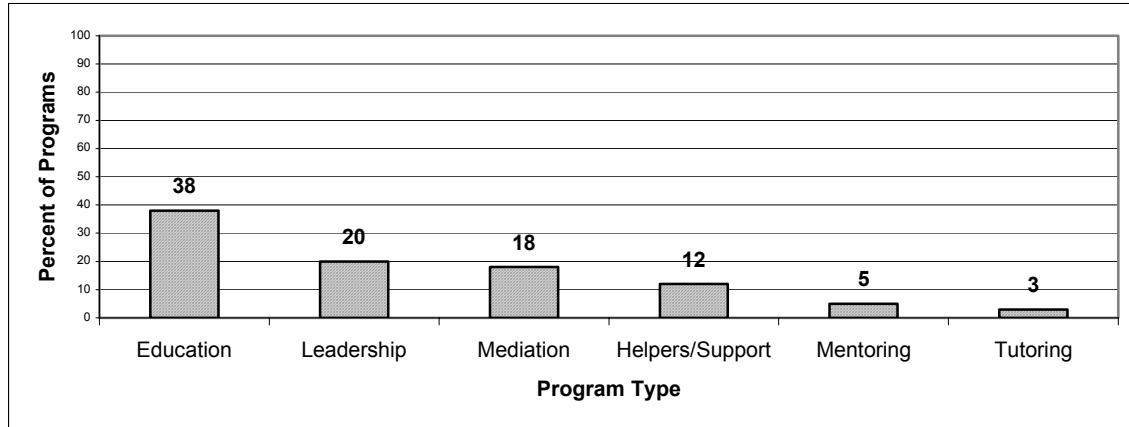

Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

Study Findings (continued)

#3. Wisconsin peer programs exist in a variety of forms, most commonly peer education, peer leadership, and peer mediation.

Table 2. Types of Wisconsin peer programs.

Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

#4. Wisconsin peer programs were initiated for a wide variety of reasons, especially to address specific AODA problems or issues.

Table 3. Reasons for initiating peer programs (Duplicated Count).

Number of Advisors Reporting	Reason for Initiating Peer Program
367	To address a specific problem or issue
341	Supported by AODA Funding
258	Initiated by one individual (teacher, counselor, administrator)
182	Recommended in a professional development program (conference, workshop, course)
179	Teachers/staff requested it
175	Students requested it
140	Recommended in professional literature (journal, books, newsletter, databases)
120	Recommended by another school or district
95	Recommended by community, state or federal agency
77	Administration requested it
72	Other reasons
8	School Board requested it

Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

#5. The vast majority of Wisconsin peer programs have most characteristics of effective programs and report multiple perceived benefits and positive results. Ninety-one percent (91%) of all peer programs funded by State AODA funds possess at least 18 of 22 key characteristics of the key characteristics associated with effective programs.

Study Findings (continued)

The study also found that peer programs in Wisconsin's schools have multiple perceived benefits and many positive results. These include reduced health risks, safer school environments, enhanced learning climate and greater opportunities for student involvement in school programs.

- **Reduced health risks to students.** About three-fourths of respondents (80%) identified the reduction of at least one health risk to students that was directly a result attributable to their peer program. Thirty-eight percent reported less alcohol and other drug use, 13% reported less tobacco use.

- **Safer school environments.** About three-fourths (78%) of respondents identified at least one indicator of a safer school environment that was a result attributable to their peer program.

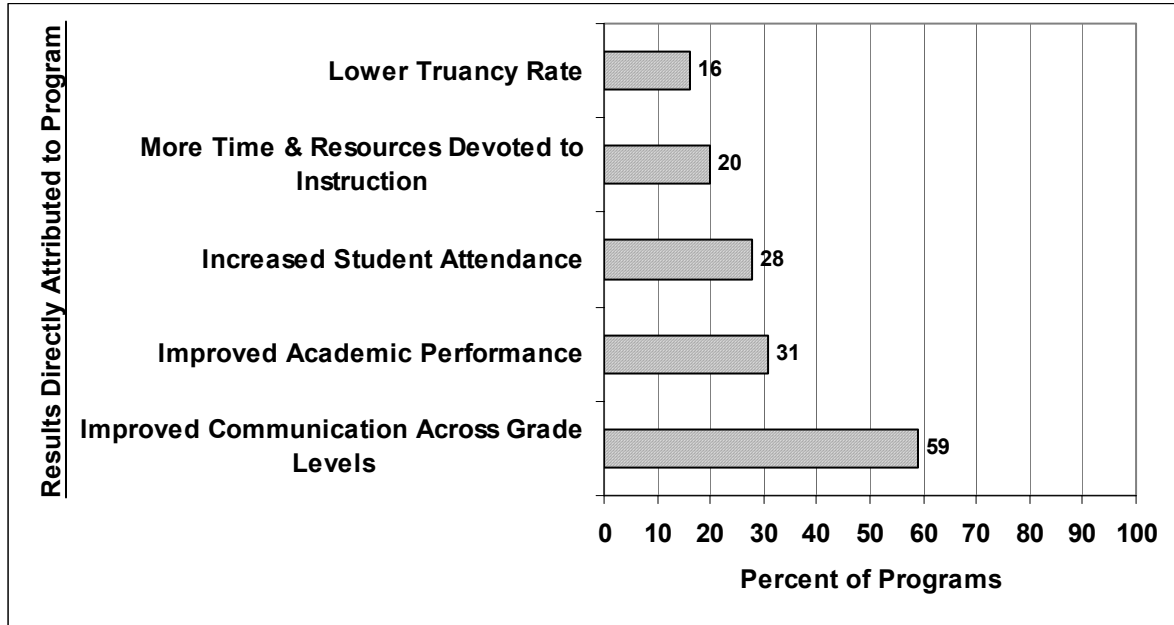Table 4. Indicators of safer school environments (duplicated count).
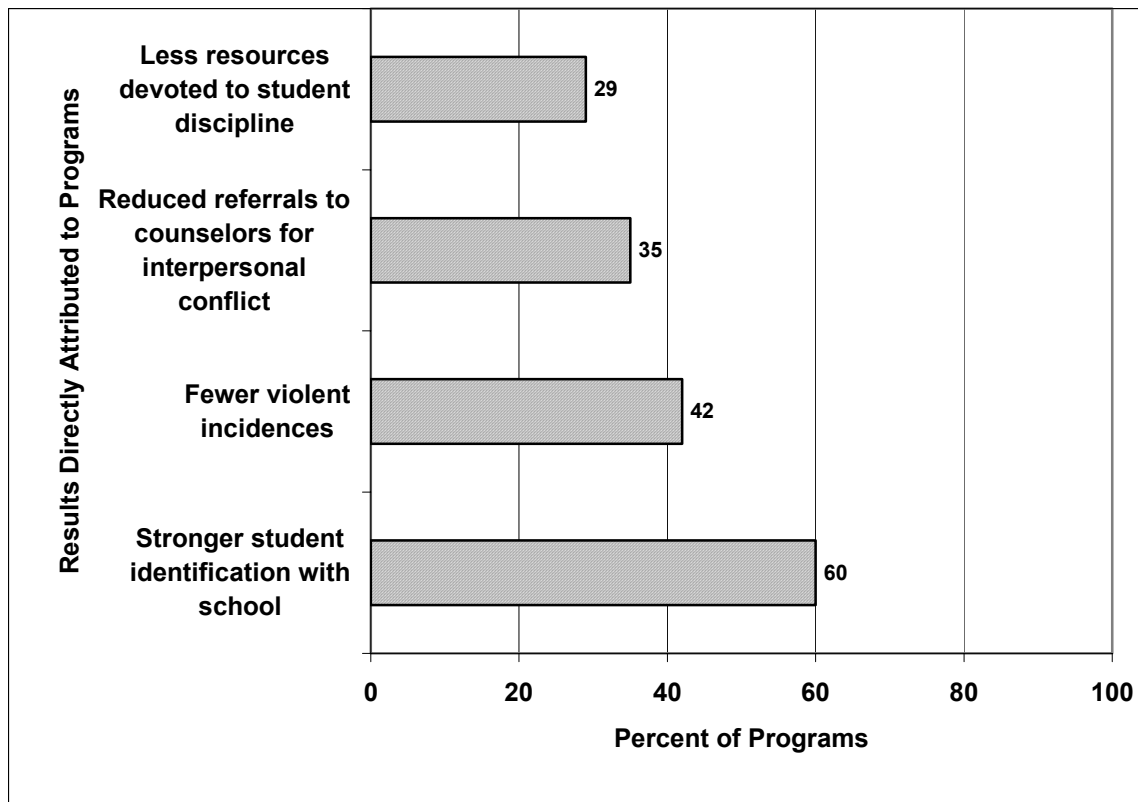
Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

Study Findings (continued)

- **Enhanced learning climate.** A very strong majority (76%) of respondents identified at least one indicator of an enhanced learning climate was a result directly attributable to their peer program. Somewhat less than half of the programs (42%) identified two or more enhanced learning climate indicators that were directly attributed to their peer program.

Table 5. Indicators of Enhanced Learning Climate (Duplicated count).

Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

Youth Voices . . .

"I'm involved because I want to help younger students stay on the right track and feel comfortable and confident."

"The most important part of being a member of our AODA Program is making an influence on my other peers and underclassmen."

"I like being a peer educator because it puts together a group of caring, involved students to help others."

Study Findings (continued)

- **Provided increased opportunities for student involvement.** Almost all respondents (97%) reported at least one indicator of increased opportunities for student involvement was a result directly attributable to their peer program. Almost all respondents (93%) reported two or more increased opportunities for student involvement indicators that were directly attributed to their peer program.

Table 6. Indicators of increased opportunities for student involvement and other benefits (Duplicated count).
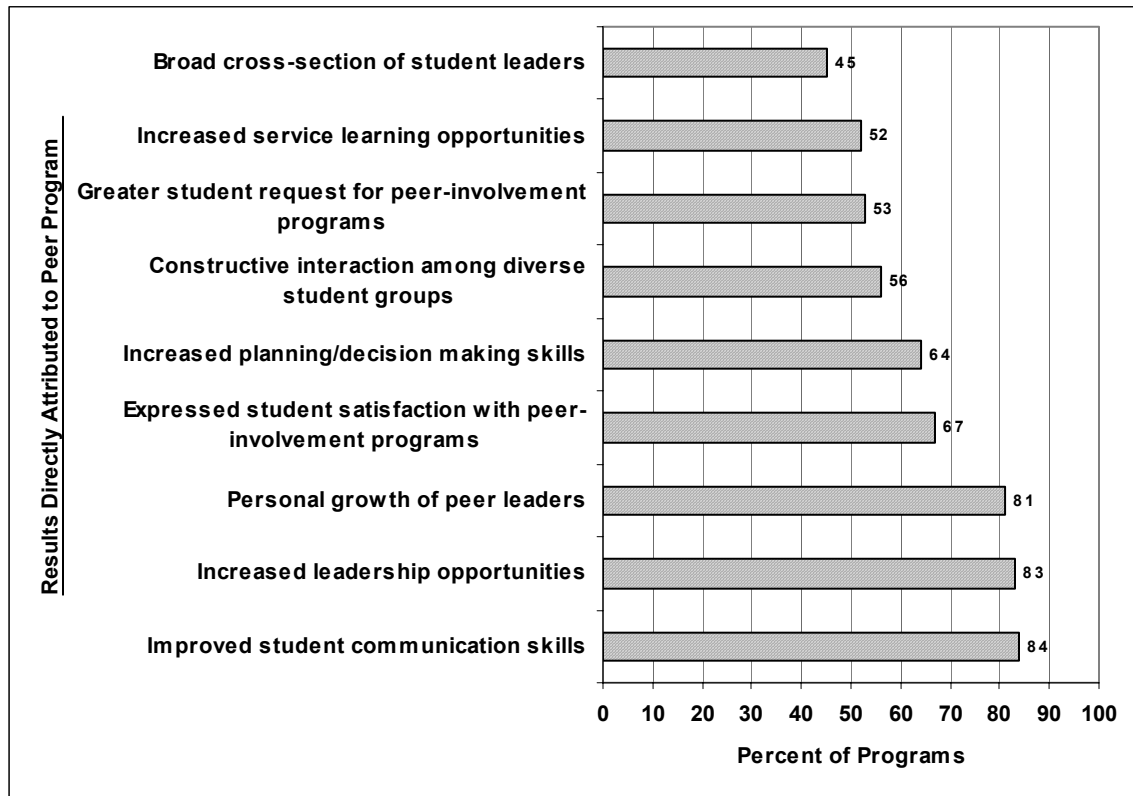
Source: Peer Program Survey administered to AODA Coordinators in Wisconsin public schools during the spring of 2002.

Youth Voices . . .

"The most important part of our peer program is that we help people understand what we're doing and what they should do."

"We help others understand that things that happen and can happen to one person can happen to others."

"What would I tell others who want to be a Peer Educator? Go for it! It's a lot of fun!"

Recommendations

In accordance with Wisconsin legislative requirements to monitor programs supported with state AODA funds, this report focused on peer programs in part supported with state AODA funding during the 2001-02 school year. This executive summary highlights survey and interview results based on the literature review and reported in the field study. The field study was conducted by independent contractor, the Center on Education and Work, UW-Madison. The literature review and research instruments were developed with the Center for Applied Behavioral Evaluation and Research at the Academy for Educational Development in Washington DC.

The study described a large number of Wisconsin peer programs, most of which posses characteristics of effective programs identified in research literature. The purpose, design and implementation of programs were closely aligned with the intent of state AODA resources. Reported benefits of reducing alcohol, tobacco and other drug use and risk factors are strong and encouraging. The funding is achieving its purpose. The following recommendations are offered.

1. **The DPI should continue its effort to promote quality peer programs as part of a comprehensive ATODA approach to school health, with continued resources from the Wisconsin legislature.** Grant management policy and practice should support this recommendation by continuing to include funding of peer programs in comprehensive AODA program funding.

2. **The DPI should actively promote strong peer programs by disseminating the key characteristics of effective programs identified in the literature review.** Technical assistance resources should be developed to describe the characteristics in greater depth. This information should be widely disseminated to schools, CESAs and community partners to assist them in improving the design and implementation of peer programs.

3. **The DPI should support technical assistance to adults and youth involved in training, delivering, and evaluating peer programs.** This can include CESA technical assistance conferences, workshops, share shops, grant management and training meetings, list serves, and networking sessions for peer program adults and youth to share strengths, solve problems and improve programs.

This executive summary, the literature review summary, and the field report are available on DPI's website www.dpi.stat.wi./us/dpi/dlsea/sspw/youthtoyouth.html. See: Youth to Youth: A Study of State AODA Funded Peer Programs in Wisconsin 2001-02.